

# Paradigms and Demographics

**“The public has been misled by an unholy alliance of environmental scaremongers, funds-seeking academics, sensation-seeking media, vote-seeking politicians and profit-seeking vested interests.” Viv Forbes**

Sunday, October 5, 2008

## **Killing Malarial Mosquitos Now!**

***by Paul Driessen***

*I would like to thank Mr. Driessen for allowing me to reprint his work. RK*

Not long ago, most Americans thought malaria had disappeared from Planet Earth. Few remembered that it had killed thousands every year in the United States, into the 1940s – or that it was once prevalent in New Jersey, Ohio, California and the South, as well as in Europe and even Siberia.

All but a handful knew this preventable disease was killing an African child every 30 seconds – a million every year. Almost none realized malaria was still a global problem largely because of strident environmentalist opposition to insecticides and DDT to control mosquitoes that spread the disease.

While billions were being spent on cancer and HIV/AIDS, the 2003 US Agency for International Development budget for fighting malaria was \$30 million – and almost 90% of it was being spent in the Washington, DC area, on contractors, conferences, educational materials and “capacity building.”

The New York Times, Washington Times, Wall Street Journal and many others took exception, arguing that DDT and modern insecticides were essential in combating malaria. The Congress of Racial Equality and Association of American Physicians and Surgeons implored President Bush to support renewed DDT use.

No other chemical in existence, they pointed out, does what DDT does, at a fraction of the cost of supposed “alternatives.” Sprayed in small amounts on the walls of mud and thatch huts, this powerful spatial repellent keeps mosquitoes from entering homes for six months or more, irritates the few that do enter so they don’t bite, kills any that land, and slashes malaria rates by 70% or more.

President Bush responded to the outrage and launched the President’s Malaria Initiative in June 2005.

Several months later, the Kill Malarial Mosquitoes Now coalition presented the President, USAID and Congress with a strongly worded declaration, signed by Nobel Peace Prize Laureates Desmond Tutu, Norman Borlaug and FW DeKlerk, Greenpeace co-founder Patrick Moore, and hundreds of physicians, clergy, civil rights leaders and other “people of conscience.” Malaria funds must be spent saving lives, not hosting conferences, they insisted. America must support DDT, bednets and drug therapies.

In response, Senator Tom Coburn led a bipartisan House-Senate-White House-USAID effort that increased malaria funding to over \$100 million for FY-2006, with most of it to be spent on nets, drugs and sprays. President Bush pledged \$1.2 billion for the PMI over a five-year period.

In October 2006, Dr. Arata Kochi announced that the World Health Organization would reinstitute DDT use for indoor household spraying, in conjunction with nets, other insecticides and combination drug therapies. “Help us protect the environment,” he urged world leaders, “while we save African babies.”

Since then, financial commitments by nations, agencies and corporations have increased exponentially, and there has been real progress in controlling malaria – as opposed to hollow claims of progress in the past.

As a follow-up to net distribution efforts, a survey by the Mali health ministry found that 51% of young children had “slept under a net the previous night.” In Kenya officials distributed 11,000,000 long-lasting, insecticide-impregnated nets. PMI director Tim Ziemer noted that two nets per family and 50-70% regular use reduced infant and under-five childhood malaria mortality by up to a third.

Homes were sprayed and millions of nets and drug therapies distributed in Rwanda, Ethiopia, Eritrea and Zanzibar. In several Ugandan districts, the prevalence of malaria parasites in blood samples fell from 30% to 3% after houses were sprayed with the insecticide Icon, according to former Uganda malaria manager Dr. John Rwakimari. Mozambique’s seven-year insecticide, bednet and drug treatment program reduced malaria rates by 88% among children. Zambia’s multi-pronged program has also been successful.

But enormous challenges remain.

Half of the world's people are still at risk of getting malaria, the WHO noted in September, and the disease killed another million people in 2006. Nearly 250,000,000 people were infected, and access to treatment is still inadequate, the agency admits – without acknowledging why that is so, and how malaria could be reduced dramatically if officials would abandon their politically correct policies.

It is impossible to treat a quarter billion victims a year, especially in impoverished countries where medical facilities are primitive, at best. However, reducing patient loads is stymied by political forces that refuse to permit comprehensive strategies to control mosquitoes and prevent infection.

The operative policy is right out of the National Basketball Association: Nothing but nets. But “without continual reminders, people just stop using their nets, and malaria surges again,” says Africa Fighting Malaria board member Dr. Donald Roberts, who has studied DDT and malaria for 30 years.

“Even when every child in a village got a net, half of them were re-infected in three weeks,” Rwakimari told me. Worse, net programs focus mainly on babies, small children and pregnant women, leaving other family members unprotected “Spraying a house with DDT eliminates behavior as a consideration. It protects everyone in the house 24 hours a day.”

Eradicating malaria requires nets, insecticides and spatial repellants to keep infected mosquitoes away from healthy people, and infected people away from non-malarial mosquitoes – plus artemisinin combination therapies (ACT drugs) to eliminate plasmodium parasites from people who still get infected.

Most insecticides for killing mosquitoes are also used in agriculture, which raises resistance issues; DDT is our only long-lasting spatial repellent; and no one is doing research to find equally effective replacements.

In fact, Pesticide Action Network, World Wildlife Fund and other activists stridently oppose all spraying. They claim DDT causes testicular tumors, lactation failure in nursing mothers and reduced biodiversity. Ill-informed UN and WHO bureaucrats make the same arguments – though “the claims are not supported by real world data,” says Roberts. And these speculative to phony risks are trivial compared to malaria.

Compounding these problem are a growing inflow of substandard and counterfeit drugs, and high import duties that price quality foreign medications out of reach for many victims. In addition, too many patients stop taking their prescriptions as soon as they feel better, sell the remaining pills, and then relapse, notes University of Alabama at Birmingham medical researcher Dr. Robert Novak.

Another huge problem is the “near total absence” of monitoring and data gathering and

analysis, says Novak, who also co-chairs the Integrated Malaria Management Consortium. “Except on rare occasions, the only things people are measuring are how much money is being spent, how many nets have been distributed, how much effort is being exerted. They’re not measuring reductions in disease and deaths, or analyzing whether a strategy is actually working – often because that’s harder to assess, or the results would be too embarrassing.”

Available data suggest that, used without spraying, a \$10 bednet has only a 20% chance of saving a life.

We would never tolerate a 20% efficacy in saving American lives, and we shouldn’t tolerate it for African, Asian or Latin American lives either. Yet without truly comprehensive programs that combine insecticides, larvacides, spatial repellants, nets, combination drugs and careful monitoring of results – along with fully transparent programs and accountability for success or failure – even a multi-billion-dollar program will simply perpetuate malaria at levels that developed country bureaucrats deem “acceptable.”

The carnage must end. We did it in Panama, the United States, Europe and elsewhere, long ago, using methods that were primitive compared to what are available today. It’s time to demand nothing less for Africa – and for governments and people in malaria-afflicted nations to take charge of their future, stop making excuses, root out incompetence, and employ comprehensive strategies to eradicate this disease.

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Posted by Rich Kozlovich at 1:31 AM

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